

**EOHHS Technical Specifications Manual (1.3)**  
**Appendix A-14**

**Subsection 1:**  
**Maternity Measures (MAT-1 and MAT-2)**  
**Data Dictionary**

# Maternity Measures (MAT-1 and MAT-2) Data Dictionary

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| Data Element           | Page # | Collected for          |
|------------------------|--------|------------------------|
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**Data Element Name:** *Admission Date*

**Collected For:** All MassHealth Records

**Definition:** The month, day, and year of admission for inpatient care.

**Suggested Data Collection Question:** Admission Date

**Format:** **Length:** 10 – MM-DD-YYYY (includes dashes)  
**Type:** Date  
**Occurs:** 1

**Allowable Values:** MM = Month (01-12)  
DD = Day (01-31)  
YYYY = Year (2000 – 9999)

**Notes for Abstraction:** Because this data element is critical in determining the population for all measures, the abstractor should **not** assume that the claim information for the admission date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct admission date through chart review, she/he should default to the admission date on the claim information.

A patient of a hospital is considered an inpatient upon issuance of written doctors orders to that effect.

**Suggested Data Sources:** Emergency department record  
Face sheet  
History and physical  
Nursing admission assessment  
Physician orders

**Guidelines for Abstraction:**

| Inclusion | Exclusion                            |
|-----------|--------------------------------------|
| None      | Admit to observation<br>Arrival date |

|  |  |  |  |
|--|--|--|--|
| <b>Data Element Name:</b>                  | <i>Admission Source</i>                            |  |  |
| <b>Collected For:</b>                      | All MassHealth Records                             |  |  |
| <b>Definition:</b>                         | The source of inpatient admission for the patient. |  |  |
| <b>Suggested Data Collection Question:</b> | Admission Source                                   |  |  |
| <b>Format:</b>                             | <b>Length:</b>                                     | 1  |  |
|  | <b>Type:</b>                                       | Alphanumeric   |  |
|  | <b>Occurs:</b>                                     | 1  |  |
| <b>Allowable Values:</b>                   | 1  | <b>Physician referral</b><br>The patient was admitted to this facility upon recommendation of his or her personal physician,<br>or<br>Normal Delivery (if Admission Type = 4)<br>A baby delivered without complications.   |  |
|  | 2  | <b>Clinic referral</b><br>The patient was admitted to this facility upon recommendation of this facility's clinic physician,<br>or<br>Premature Delivery (if Admission Type = 4)<br>A baby delivered with time and/or weight factors qualifying it for premature status.   |  |
|  | 3  | <b>HMO referral</b><br>The patient was admitted to this facility upon recommendation of a health maintenance organization physician,<br>or<br>Sick baby (if Admission Type = 4)<br>A baby delivered with medical complications, other than those relating to premature status.   |  |
|  | 4  | <b>Transfer From a hospital (Different Facility*)</b><br>The patient was admitted to this facility as a hospital transfer from a different acute care facility where he or she was an inpatient,<br>or<br>Extramural Birth (if Admission Type = 4)<br>A newborn born in a non-sterile environment.<br>* For transfers from Hospital Inpatient in the Same Facility (see Code D). |  |

**Allowable Values  
continued:**

- 5      **Transfer from Skilled Nursing Facility**  
The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
  
- 6      **Transfer from Another Health Care Facility**  
The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility. This includes transfers from nursing homes, long term care facilities and skilled nursing facility patients that are at a non-skilled level of care.
  
- 7      **Emergency Room**  
The patient was admitted to this facility upon recommendation of this facility's emergency room physician.
  
- 8      **Court/Law Enforcement**  
The patient was admitted to this facility upon the direction of a court of law or upon the request of a law enforcement agency representative.
  
- 9      **Information Not Available**  
The means by which the patient was admitted to this hospital is not known.

**Notes for Abstraction:**      Because this data element is critical in determining the population for many measures, the abstractor should NOT assume that the claim information for the admission source is correct. If the abstractor determines through chart review that the admission source is incorrect, she/he should correct and override the downloaded value.

If unable to determine admission source, select “9.”

**Suggested Data Sources:**      Emergency department record  
    Face sheet  
    History and physical  
    Nursing admission notes  
    Progress notes

**Guidelines for Abstraction:**

| <b>Inclusion</b> | <b>Exclusion</b>   |
|------------------|--|
| None             | If the patient was transferred from an emergency department of another hospital, do not use “7.” This is only for patients admitted upon recommendation of <b>this</b> facility's emergency department physician/advanced practice nurse/physician assistant (physician/APN/PA). |



**Data Element Name:** *Admission Time*

**Collected For:** MAT-1

**Definition:** The time of admission to the Labor and Delivery unit

**Suggested Data Collection Question:** At what time was the mother admitted to the Labor and Delivery unit?

**Format:**                      **Length:**        5 – HH:MM (with or without colon)  
                                       **Type:**           Time  
                                       **Occurs:**        1

**Allowable Values:**        HH     =        Hour (00-23)  
                                       MM     =        Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:

With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:** None

**Suggested Data Sources:** Face sheet  
                                       History and physical  
                                       Nursing admission assessment

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Amniotic Membrane Rupture 18 or More Hours*

**Collected For:** MAT-1

**Definition:** Any rupture of the amniotic membranes for 18 or more hours

**Suggested Data Collection Question:** Were the amniotic membranes ruptured for 18 or more hours?

**Format:**

|                |       |
|----------------|-------|
| <b>Length:</b> | 1     |
| <b>Type:</b>   | Alpha |
| <b>Occurs:</b> | 1     |

**Allowable Values:**

|         |   |
|---------|---|
| Y (Yes) | There is documentation that the amniotic membranes were ruptured for 18 hours or longer   |
| N (No)  | There is no documentation that the amniotic membranes were ruptured for 18 hours or longer OR there is no documentation regarding length of membrane rupture. |

**Notes for Abstraction:** None

**Suggested Data Sources:** History and physical  
Nursing notes  
Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Antibiotic Administration Date (MAT-1)*

**Collected For:** MAT-1

**Definition:** The date the IV antibiotic for intrapartum GBS prophylaxis was administered

**Suggested Data Collection Question:** Antibiotic Administration Date

**Format:**                      **Length:**            10 – MM-DD-YYYY (includes dashes)  
    **Type:**                Date  
    **Occurs:**            1

**Allowable Values:**            MM =                Month (0-12)  
    DD =                Day (01-31)  
    YYYY =            Year (2000 – 9999)

**Notes for Abstraction:**        If intrapartum prophylactic IV antibiotic was administered on multiple occasions, record the first date of administration.

**Suggested Data Sources:**      Medication administration record (MAR)  
    Physician notes  
    Physician orders  
    Anesthesia note  
    Delivery note

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Antibiotic Administration Date (MAT-2)*

**Collected For:** MAT-2

**Definition:** The date the IV antibiotic for cesarean section prophylaxis was administered

**Suggested Data Collection Question:** Antibiotic Administration Date

**Format:**                      **Length:**            10 – MM-DD-YYYY (includes dashes)  
    **Type:**                Date  
    **Occurs:**            1

**Allowable Values:**        MM =                Month (0-12)  
    DD =                Day (01-31)  
    YYYY =            Year (2000 – 9999)

**Notes for Abstraction:**    Appropriate IV antibiotic administration times include one hour prior to incision up to the time of delivery. Select the administration date that falls within this timeframe.

**Suggested Data Sources:**   Medication administration record (MAR)  
    Physician notes  
    Physician orders  
    Anesthesia note  
    Delivery note

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Antibiotic Administration Time (MAT-1)*

**Collected For:** MAT-1

**Definition:** Time the IV antibiotic for intrapartum prophylaxis for GBS was given

**Suggested Data Collection Question:** Antibiotic Administration Time

**Format:** **Length:** 5 – HH:MM (with or without colon)  
**Type:** Time  
**Occurs:** 1

**Allowable Values:** HH = Hour (00-23)  
MM = Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:  
With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:** If IV intrapartum prophylactic antibiotic was administered on multiple occasions, record the first time of administration.

When collecting the time for an antibiotic administered via infusion (IV), the Antibiotic Administration Time refers to the time the antibiotic infusion was started.

**Suggested Data Sources:** IV flowsheets  
Medication administration record (MAR)  
Nursing notes  
Operating room record

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Antibiotic Administration Time (MAT-2)*

**Collected For:** MAT-2

**Definition:** Time the IV antibiotic for Cesarean section prophylaxis was given

**Suggested Data Collection Question:** Antibiotic Administration Time

**Format:**                      **Length:**        5 – HH:MM (with or without colon)  
**Type:**                        Time  
**Occurs:**                      1

**Allowable Values:**        HH     =        Hour (00-23)  
    MM     =        Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:

With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:**        Appropriate IV antibiotic administration times include one hour prior to incision up to the time of delivery. Select the administration time that falls within this timeframe

When collecting the time for an antibiotic administered via infusion (IV), the Antibiotic Administration Time refers to the time the antibiotic infusion was started.

**Suggested Data Sources:**    Anesthesia record  
    IV flowsheet  
    Medication administration record (MAR)  
    Nursing notes  
    Operating room record

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Antibiotic Name for Cesarean Section Prophylaxis*

**Collected For:** MAT-2

**Definition:** The name of the IV antibiotic administered for GBS prophylaxis.

**Suggested Data Collection Question:** Antibiotic Name

**Format:**                      **Length:**        244  
    **Type:**            Alpha  
    **Occurs:**        1

**Allowable Values:**        Ampicillin, Cefazolin, Gentamycin or Other.

**Notes for Abstraction:**    Choose one (mutually exclusive).

For crosswalk for Trade and Generic Names, consult Table 2.1 of Appendix C of the NHQM Specifications Manual

**Suggested Data Sources:**    Anesthesia record  
    IV flowsheet  
    Medication administration record (MAR)  
    Nursing notes  
    Operating room record  
    Physician orders

**Guidelines for Abstraction:**

| Inclusion                                      | Exclusion |
|--|-----------|
| Ampicillin<br>Cefazolin<br>Gentamycin<br>Other | None      |

**Data Element Name:** *Antibiotic Name for GBS Prophylaxis*

**Collected For:** MAT-1

**Definition:** The name of the IV antibiotic administered for GBS prophylaxis.

**Suggested Data Collection Question:** Antibiotic Name

**Format:**                      **Length:**        244  
    **Type:**            Alpha  
    **Occurs:**        1

**Allowable Values:** Penicillin, Ampicillin, Cefazolin, Clindamycin, Erythromycin, Vancomycin, or Other.

**Notes for Abstraction:** Choose one (mutually exclusive).

For crosswalk for Trade and Generic Names, consult Table 2.1 of Appendix C of the NHQM Specifications Manual

**Suggested Data Sources:** Anesthesia record  
 IV flowsheet  
 Medication administration record (MAR)  
 Nursing notes  
 Operating room record  
 Physician orders

**Guidelines for Abstraction:**

| Inclusion   | Exclusion |
|---|-----------|
| Penicillin<br>Ampicillin<br>Cefazolin<br>Clindamycin<br>Erythromycin<br>Vancomycin<br>Other | None      |



**Data Element Name:** *Antibiotic Treatment for Prophylaxis within 24 Hours*

**Collected For:** MAT-2

**Definition:** Documentation that the patient received antibiotic treatment for prophylaxis within 24 hours prior to surgery.

**Suggested Data Collection Question:** Did the patient receive antibiotic treatment for prophylaxis within 24 hours prior to surgery?

**Format:**                      **Length:**            1  
    **Type:**             Alpha  
    **Occurs:**           1

**Allowable Values:**

- A      Yes, the patient received antibiotic treatment for prophylaxis within 24 hours prior to surgery for GBS.
- B      Yes, the patient received antibiotic treatment for prophylaxis within 24 hours prior to surgery for other prophylaxis.
- C      No prophylaxis was documented.

**Notes for Abstraction:** This question refers to antibiotic treatment for prophylaxis for reasons other than cesarean section prophylaxis, (e.g. GBS, chorioamnionitis, bacterial endocarditis).

**Suggested Data Sources:** Medication administration record (MAR)  
    Physician notes  
    Physician orders

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Birthdate*

**Collected For:** All MassHealth Records

**Definition:** The month, day, and year the patient was born.

NOTE: Patient's age (in years) is calculated by *Admission Date* minus *Birthdate*. The algorithm to calculate age must use the month and day portion of admission date and birthdate to yield the most accurate age.

**Suggested Data Collection Question:** Birthdate

**Format:** **Length:** 10 – MM-DD-YYYY (includes dashes)  
**Type:** Date  
**Occurs:** 1

**Allowable Values:** MM = Month (01-12)  
DD = Day (01-31)  
YYYY = Year (1880 – 9999)

**Notes for Abstraction:** Because this data element is critical in determining the population for all measures, the abstractor should **not** assume that the claim information for the birthdate is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct birthdate through chart review, she/he should default to the date of birth on the claim information.

**Suggested Data Sources:** Emergency department record  
Face sheet  
Registration form

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Case Identifier*

**Collected For:** All MassHealth Records

**Definition:** A measurement system-generated number that uniquely identifies an episode of care. This identification number should be used by the performance measurement system in order to allow the health care organization to link this Case Identifier to a specific episode of care.

**Suggested Data Collection Question:** What is the unique measurement system-generated number that identifies this episode of care?

**Format:**  
**Length:** 9  
**Type:** Numeric  
**Occurs:** 1

**Allowable Values:** Values greater than 0 assigned by the system.

**Notes for Abstraction:** None

**Suggested Data Sources:** Unique measurement system generated number

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Cesarean Section Incision Time*

**Collected For:** MAT-2

**Definition:** The time the initial incision was made for the Cesarean Section procedure.

**Suggested Data  
Collection Question:**

At what time was the initial incision made for the Cesarean Section?

**Format:**

**Length:** 5 – HH:MM (with or without colon)  
**Type:** Time  
**Occurs:** 1

**Allowable Values:**

HH = Hour (00-23)  
 MM = Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:  
 With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:** None

**Suggested Data Sources:** Anesthesia record  
 Circulation record  
 Nursing notes  
 Operative report  
 Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Cesarean Section Start Date*

**Collected For:** MAT-2

**Definition:** The date the Cesarean Section procedure started.

**Suggested Data**

**Collection Question:** On what date did the Cesarean Section start?

**Format:** **Length:** 10 – MM-DD-YYYY (includes dashes)  
**Type:** Date  
**Occurs:** 1

**Allowable Values:** MM = Month (01-12)  
DD = Day (01-31)  
YYYY = Year (2000 – 9999)

**Notes for Abstraction:** None

**Suggested Data Sources:** Anesthesia record  
Discharge summary  
Nursing notes  
Operative report  
Operating room notes  
Preop checklist  
Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

|  |  |   |  |
|--|--|---|--|
| <b>Data Element Name:</b>                  | <i>Clinical Trial</i>  |   |  |
| <b>Collected For:</b>                      | All MassHealth Records   |   |  |
| <b>Definition:</b>                         | Documentation that the patient was involved in a clinical trial during this hospital stay, relevant to the measure set for this admission. Clinical trials are organized studies to provide large bodies of clinical data for strategically valid evaluation or treatment. These studies are usually rigorously controlled tests of new drugs, invasive medical devices, or therapies on human subjects.   |   |  |
| <b>Suggested Data Collection Question:</b> | Is the patient participating in a clinical trial?  |   |  |
| <b>Format:</b>                             | <b>Length:</b>   | 1   |  |
|  | <b>Type:</b>   | Alpha   |  |
|  | <b>Occurs:</b>   | 1   |  |
| <b>Allowable Values:</b>                   | Y (Yes)  | There is documentation that the patient was involved in a clinical trial during this hospital stay relevant to the measure set for this admission.  |  |
|  | N (No)   | There is no documentation that the patient was involved in a clinical trial during this hospital stay relevant to the measure set for this admission, or unable to determine from medical record documentation. |  |
| <b>Notes for Abstraction:</b>              | This data element is used to exclude patients that are involved in a clinical trial during this hospital stay relevant to the measure set for this admission. Consider the patient involved in a clinical trial if documentation indicates: <ul style="list-style-type: none"><li>• The patient was evaluated for enrollment in a clinical trial after hospital arrival, but was not accepted or refused participation.</li><li>• The patient was newly enrolled in a clinical trial during the hospital stay.</li><li>• The patient was enrolled in a clinical trial prior to arrival and continued active participation in that clinical trial during the hospital stay.</li><li>• To answer “Yes” to this data element, there must be formal documentation (trial protocol or patient consent form) in the medical record that the patient was involved in a clinical trial</li></ul> |   |  |

**Notes for Abstraction continued:**

designed to enroll patients with the condition specified in the applicable measure set.

- If it is not clear which study that the clinical trial is enrolling, select “No”. Assumptions should not be made if it is not specified.

**Suggested Data Sources:**

**ONLY ACCEPTABLE SOURCES:**

- Clinical trial protocol
- Consent forms for clinical trial

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Delivery Date (MAT-1)*

**Collected For:** MAT-1

**Definition:** The month, day, and year that the baby was delivered.

**Suggested Data Collection Question:** On what date was the infant delivered?

**Format:**                      **Length:**        10 – MM-DD-YYYY (includes dashes)  
    **Type:**            Date  
    **Occurs:**        1

**Allowable Values:**        MM =            Month (0-12)  
    DD =            Day (01-31)  
    YYYY =        Year (2000 – 9999)

**Notes for Abstraction:**    Collect data on the first born infant if there are multiple births.

**Suggested Data Sources:**    Birth Certificate  
    Delivery note  
    Discharge summary  
    Nursing notes  
    Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |



**Data Element Name:** *Delivery Date (MAT-2)*

**Collected For:** MAT-2

**Definition:** The month, day, and year that the baby was delivered.

**Suggested Data Collection Question:** On what date was the infant delivered?

**Format:**                      **Length:**        10 – MM-DD-YYYY (includes dashes)  
    **Type:**            Date  
    **Occurs:**        1

**Allowable Values:**        MM =            Month (0-12)  
    DD =            Day (01-31)  
    YYYY =        Year (2000 – 9999)

**Notes for Abstraction:**    Collect data on the last born infant if there are multiple births.

**Suggested Data Sources:**    Birth Certificate  
    Delivery note  
    Discharge summary  
    Nursing notes  
    Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Delivery Time (MAT-1)*

**Collected For:** MAT-1

**Definition:** The time the baby was delivered.

**Suggested Data Collection Question:** At what time was the infant delivered?

**Format:**                      **Length:**        5 – HH:MM (with or without colon)  
    **Type:**            Time  
    **Occurs:**        1

**Allowable Values:**        HH     =        Hour (00-23)  
    MM     =        Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:

With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:** Collect data on the first born infant if there are multiple births.

**Suggested Data Sources:** Birth Certificate  
 Delivery note  
 Discharge summary  
 Nursing notes  
 Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Delivery Time (MAT-2)*

**Collected For:** MAT-2

**Definition:** The time the baby was delivered.

**Suggested Data Collection Question:** At what time was the infant delivered?

**Format:** **Length:** 5 – HH:MM (with or without colon)  
**Type:** Time  
**Occurs:** 1

**Allowable Values:** HH = Hour (00-23)  
MM = Minutes (00-59)

Military Time – A 24-hour period from midnight to midnight using a four digit number of which the first two digits indicate the hour and the last two digits indicate the minute.

Converting clock time to military time:

With the exception of Midnight and Noon:

- If the time is in the a.m., conversion is not required
- If the time is in the p.m., add 12 to the clock time hour

Examples:

|          |       |          |       |
|----------|-------|----------|-------|
| Midnight | 00:00 | Noon     | 12:00 |
| 5:31 am  | 05:31 | 5:31 pm  | 17:31 |
| 11:59 am | 11:59 | 11:59 pm | 23:59 |

**Notes for Abstraction:** Collect data on the last born infant if there are multiple births. Delivery time is collected for this measure as a proxy for cord clamping. A period of five minutes will be added to the delivery time to allow for cord clamping. Appropriate IV prophylaxis times will include one hour prior to delivery up to five minutes after delivery time to allow for cord clamping.

**Suggested Data Sources:** Birth Certificate  
Delivery note  
Discharge summary  
Nursing notes  
Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *DHCFP Ethnicity*

**Collected For:** All MassHealth Records

**Definition:** Documentation of the patient's ethnicity as defined by Massachusetts DHCFP regulations.

**Suggested Data**

**Collection Question:** Ethnicity code

**Format:** **Length:** 6  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:** Select one:

|               |                  |               |                                    |
|---------------|------------------|---------------|------------------------------------|
| <b>2060-2</b> | African          | <b>2039-6</b> | Japanese                           |
| <b>2058-6</b> | African American | <b>2040-4</b> | Korean                             |
| <b>AMERCN</b> | American         | <b>2041-2</b> | Laotian                            |
| <b>2028-9</b> | Asian            | <b>2148-5</b> | Mexican, Mexican American, Chicano |
| <b>2029-7</b> | Asian Indian     | <b>2118-8</b> | Middle Eastern                     |
| <b>BRAZIL</b> | Brazilian        | <b>PORTUG</b> | Portuguese                         |
| <b>2033-9</b> | Cambodian        | <b>2180-8</b> | Puerto Rican                       |
| <b>CVERDN</b> | Cape Verdean     | <b>RUSSIA</b> | Russian                            |
| <b>CARIBI</b> | Caribbean Island | <b>2161-8</b> | Salvadoran                         |
| <b>2034-7</b> | Chinese          | <b>2047-9</b> | Vietnamese                         |
| <b>2169-1</b> | Columbian        | <b>2155-0</b> | Central American (not specified)   |
| <b>2182-4</b> | Cuban            | <b>2165-9</b> | South American (not specified)     |
| <b>2184-0</b> | Dominican        | <b>OTHER</b>  | Other Ethnicity                    |
| <b>EASTEU</b> | Eastern European | <b>UNKNOW</b> | Unknown/not specified              |
| <b>2108-9</b> | European         |               |                                    |
| <b>2036-2</b> | Filipino         |               |                                    |
| <b>2157-6</b> | Guatemalan       |               |                                    |
| <b>2071-9</b> | Haitian          |               |                                    |
| <b>2158-4</b> | Honduran         |               |                                    |

**Notes for Abstraction:** The data elements, *Hispanic Ethnicity* and *DHCFP Race* are required in addition to this data element. If numeric code is used, include the hyphen after the fourth number.

**Suggested Data Sources:** Emergency department record  
Face sheet  
History and physical  
Nursing admission assessment  
Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *DHCFP Race*

**Collected For:** All MassHealth Records

**Definition:** Documentation of the patient's race as defined by the Massachusetts DHCFP regulations.

**Suggested Data Collection Question:** Race code.

**Format:**  
**Length:** 6  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:** Select one:  
R1 American Indian or Alaska Native:  
R2 Asian:  
R3 Black / African American:  
R4 Native Hawaiian or other Pacific Islander:  
R5 White.  
R9 Other Race:  
UNKNOWN Unknown/not specified:

**Notes for Abstraction:** The data elements, *DHCFP Ethnicity* and *DHCFP Hispanic Indicator*, are required in addition to this data element.

**Suggested Data Sources:** Emergency department records  
Face sheet  
History and physical  
Nursing admission assessment  
Progress notes

**Guidelines for Abstraction:**

| Inclusion  | Exclusion   |
|--|-------------|
| <ul style="list-style-type: none"> <li>• <b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliations or community attachment, e.g. any recognized tribal entity in North and South America (including Central America), Native American.</li> <li>• <b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</li> <li>• <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro, can be used in addition to “Black or African American”.</li> <li>• <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</li> <li>• <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, e.g., Caucasian, Iranian, White.</li> <li>• <b>Other Race:</b> A person having an origin other than what has been listed above.</li> <li>• <b>Unknown:</b> Unable to determine the patient’s race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).</li> </ul> | <p>None</p> |

**Data Element Name:** *DHCFP Payer Source*

**Collected For:** All MassHealth Records

**Definition:** Source of payment for services provided to the patient as defined by the Massachusetts DHCFP regulations.

**Suggested Data Collection Question:** What is the Medicaid Payer Source code?

**Format:**                      **Length:**        3  
                                       **Type:**            Alphanumeric  
                                       **Occurs:**        1

**Allowable Values:**        103     Medicaid (includes MassHealth)  
                                       104     Medicaid Managed Care - Primary Care Clinician (PCC) Plan

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Face sheet

**Guidelines for Abstraction:**

| <b>Inclusion</b> | <b>Exclusion</b> |
|------------------|------------------|
| None             | None             |



**Data Element Name:** *Discharge Date*

**Collected For:** All MassHealth Records

**Definition:** The month, day, and year the patient was discharged from acute care, left against medical advice (AMA), or expired during this stay.

**Suggested Data Collection Question:** Discharge Date

**Format:** **Length:** 10 – MM-DD-YYYY (includes dashes)  
**Type:** Date  
**Occurs:** 1

**Allowable Values:** MM = Month (01-12)  
DD = Day (01-31)  
YYYY = Year (2000 – 9999)

**Notes for Abstraction:** Because this data element is critical in determining the population for all measures, the abstractor should **not** assume that the claim information for the discharge date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge date through chart review, she/he should default to the discharge date on the claim information.

**Suggested Data Sources:** Discharge summary  
Face sheet  
Nursing discharge notes  
Physician orders  
Progress notes  
Transfer note

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

|  |   |  |  |
|--|---|--|--|
| <b>Data Element Name:</b>                  | <i>Discharge Status</i>                                   |  |  |
| <b>Collected For:</b>                      | All MassHealth Records                                    |  |  |
| <b>Definition:</b>                         | The place or setting to which the patient was discharged. |  |  |
| <b>Suggested Data Collection Question:</b> | Discharge Status  |  |  |
| <b>Format:</b>                             | <b>Length:</b>  | 2  |  |
|  | <b>Type:</b>  | Alphanumeric   |  |
|  | <b>Occurs:</b>  | 1  |  |
| <b>Allowable Values:</b>                   | 01  | Discharge to home care or self care (routine discharge)<br><u>Usage Note:</u> Includes discharge to home; jail or law enforcement; home on oxygen if DMS only; any other DMS only; group home, foster care, and other residential care arrangements; outpatient programs, such as partial hospitalization or outpatient chemical dependency programs; assisted living facilities that are not state-designated.                  |  |
|  | 02  | Discharged / transferred to a short to a short term general hospital for inpatient care  |  |
|  | 03  | Discharged / transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care<br><u>Usage Note:</u> Medicare indicates that the patient is discharged / transferred to a Medicare certified nursing facility. For hospitals with an approved swing bed arrangement, use Code 61 – Swing Bed. For reporting other discharges / transfers to nursing facilities, see 04 and 64. |  |
|  | 04  | Discharged / transferred to an intermediate care facility (ICF)<br><u>Usage Note:</u> Typically defined at the state level for specifically designated intermediate care facilities. Also used to designate patients that are discharged / transferred to a nursing facility with neither Medicare nor Medicaid certification and for discharges / transfers to state designated Assisted Living facilities.                     |  |
|  | 05  | Discharged / transferred to another type of health care institution not defined elsewhere in this code list<br><u>Usage Note:</u> Cancer hospitals excluded from Medicare PPS and children's hospitals are examples of such other types of health care institutions.   |  |

**Allowable Values  
continued:**

- 06 Discharge / transferred to home under care of organized home health service organization in anticipation of covered skilled care  
Usage Note: Report this code when the patient is discharged / transferred to home with a written plan of care (tailored to the patient's medical needs) for home care services.
- 07 Left against medical advice or discontinued care
- 20 Expired

**Notes for Abstraction:**

The values for *Discharge Status* are taken from the National Uniform Billing Committee (NUBC) manual which is used by billing/HIM to complete the UB-04.

Because this data element is critical in determining the population for many measures, the abstractor should **not** assume that the claim information for discharge status is correct. If the abstractor determines through chart review that the discharge status is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge status through chart review, she/he should default to the discharge status on the claim information.

**Suggested Data Sources:**

Discharge instruction sheet  
Discharge summary  
Face sheet  
Nursing discharge notes  
Physician orders  
Progress notes  
Social service notes  
Transfer record

**Guidelines for Abstraction:**

| Inclusion   | Exclusion |
|---|-----------|
| Refer to Appendix H, Table 2.5 in the Specifications Manual for National Hospital Quality Measures. | None      |

**Data Element Name:** *First Name*

**Collected For:** All MassHealth Records

**Definition:** The patient's first name.

**Suggested Data Collection Question:** First Name

**Format:**                      **Length:** 30  
    **Type:** Alphanumeric  
    **Occurs:** 1

**Allowable Values:** Enter the patient's first name.

**Notes for Abstraction:** None

**Suggested Data Sources:** Emergency department record  
    Face sheet  
    History and physical

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *GBS Bacteriuria*

**Collected For:** MAT-1

**Definition:** Documentation that the mother had GBS bacteriuria during this pregnancy

**Suggested Data Collection Question:** Did the mother have GBS bacteriuria during this pregnancy?

**Format:**                      **Length:**            1  
                                       **Type:**             Alpha  
                                       **Occurs:**          1

**Allowable Values:**      Y (Yes)            There is documentation that the mother had GBS bacteriuria during this pregnancy.

                                      N (No)            There is no documentation that the mother had GBS bacteriuria during this pregnancy, or unable to determine from medical record documentation.

**Notes for Abstraction:**    GBS Bacteriuria must be documented for the current pregnancy

**Suggested Data Sources:**    History and physical  
     Pre-natal record  
     Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *GBS Screening*

**Collected For:** MAT-1

**Definition:** Documentation of results of the mother's vaginal and rectal screening culture for GBS at 35 – 37 weeks.

**Suggested Data Collection Question:** The result of the mother's vaginal and rectal screening culture for GBS at 35-37 weeks was?

**Format:**

**Length:** 1  
**Type:** Alpha  
**Occurs:** 1

**Allowable Values:**

P Positive: there is documentation that the mother's vaginal and rectal screening culture for GBS at 35 – 37 weeks was positive.

N Negative: there is documentation that the mother's vaginal and rectal screening culture for GBS at 35 – 37 weeks was negative.

U Unable to Determine: there is no documentation of the results of the mother's vaginal and rectal screening culture for GBS at 35 – 37 weeks.

**Notes for Abstraction:** Documentation must state that the screening culture was performed between the 35<sup>th</sup> and 37<sup>th</sup> week of pregnancy.

**Suggested Data Sources:** Delivery note  
History and physical  
Prenatal record  
Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Gestational Age*

**Collected For:** MAT-1

**Definition:** The gestational age of the baby in completed weeks

**Suggested Data Collection Question:** What was the gestational age at the time of delivery?

**Format:**                      **Length:**        2  
    **Type:**         Numeric  
    **Occurs:**        1

**Allowable Values:**        In completed weeks  
    No leading zero

**Notes for Abstraction:**    Use completed weeks of gestation, do not “round up”

**Suggested Data Sources:**    Delivery note  
    Discharge summary  
    History and physical  
    Prenatal record

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Gestational Age <37 weeks*

**Collected For:** MAT-1

**Definition:** Gestational age at the time of delivery < 37 weeks

**Suggested Data**

**Collection Question:** Gestational age at delivery was < 37 weeks?

**Format:**

**Length:** 1

**Type:** Alpha

**Occurs:** 1

**Allowable Values:** Y (Yes) The gestational age at the time of delivery was less than 37 weeks.

N (No) The gestational age at the time of delivery was not less than 37 weeks or was not documented.

**Notes for Abstraction:** None

**Suggested Data Sources:** History and physical  
Progress notes  
Nursing notes  
Delivery note

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |



|  |  |  |
|--|--|--|
| <b>Data Element Name:</b>                  | <i>Hispanic Ethnicity (DHCFP)</i>  |  |
| <b>Collected For:</b>                      | All MassHealth Records   |  |
| <b>Definition:</b>                         | Documentation that the patient is of Hispanic Indicator as defined by Massachusetts DHCFP regulations.               |  |
| <b>Suggested Data Collection Question:</b> | Hispanic Ethnicity.  |  |
| <b>Format:</b>                             | <b>Length:</b>   | 1  |
|  | <b>Type:</b>   | Alpha                                      |
|  | <b>Occurs:</b>   | 1  |
| <b>Allowable Values:</b>                   | Y (Yes)  | Patient is Hispanic/Latino/Spanish.        |
|  | N (No)   | Patient is not of Hispanic/Latino/Spanish. |
| <b>Notes for Abstraction:</b>              | The data elements, <i>DHCFP Race</i> and <i>DHCFP Ethnicity</i> , are required in addition to this data element.     |  |
| <b>Suggested Data Sources:</b>             | Emergency department records<br>Face sheet<br>History and physical<br>Nursing admission assessment<br>Progress notes |  |

**Guidelines for Abstraction:**

| Inclusion  | Exclusion |
|--|-----------|
| The term “Hispanic” or “Latino” can be used in addition to “Spanish origin” to include a person of Cuban, Puerto Rican, Mexican, Central or South American, or other Spanish culture or origin regardless of race. | None      |

**Data Element Name:** *Hospital Bill Number*

**Collected For:** All MassHealth Records

**Definition:** The unique number assigned to each patient's bill that distinguishes the patient and their bill from all others in that institution as defined by Massachusetts DHCFP.

Newborns must have their own billing number separate from that of their mother.

**Suggested Data Collection Question:** Hospital Bill Number

**Format:**                      **Length:**        20  
    **Type:**            Alphanumeric  
    **Occurs:**        1

**Allowable Values:**        Values greater than 0 assigned by the system.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Face sheet

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Hospital Patient ID Number*

**Collected For:** All MassHealth Records

**Definition:** The identification number used by the Hospital to identify this patient's medical record (Medical Record Number).

**Suggested Data Collection Question:** Hospital Patient ID (Medical Record)

**Format:**                      **Length:**        40  
    **Type:**            Alphanumeric  
    **Occurs:**        1

**Allowable Values:** Up to 40 letters and / or numbers

**Notes for Abstraction:** None

**Suggested Data Sources:** Face sheet

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

|  |   |   |  |
|--|---|---|--|
| <b>Data Element Name:</b>                  | <i>Infection Prior to Cesarean Section</i>  |   |  |
| <b>Collected For:</b>                      | MAT-2   |   |  |
| <b>Definition:</b>                         | Documentation the patient had an infection during this hospitalization prior to the Cesarean Section procedure.   |   |  |
| <b>Suggested Data Collection Question:</b> | Did the patient have a confirmed or suspected infection during this hospitalization prior to the Cesarean Section?  |   |  |
| <b>Format:</b>                             | <b>Length:</b>  | 1   |  |
|  | <b>Type:</b>  | Alpha   |  |
|  | <b>Occurs:</b>  | 1   |  |
| <b>Allowable Values:</b>                   | Y (Yes)   | Physician/advanced practice nurse/physician assistant (physician/APN/PA documentation that the patient had a confirmed or suspected infection during this hospitalization prior to the Cesarean Section procedure.                |  |
|  | N (No)  | There is no physician/APN/PA documentation that the patient had a confirmed or suspected infection during this hospitalization prior to the Cesarean Section procedure, or unable to determine from medical record documentation. |  |
| <b>Notes for Abstraction:</b>              | <p>Patients with a principal ICD-9-CM diagnosis code suggestive of preoperative infectious diseases (as defined in Appendix A Table 5.09 of the Specifications manual for National Hospital Quality Measures (Version 2.2) are excluded</p> <p>If there is preoperative documentation of an infection or possible/suspected infection, select “Yes.”</p> <p>Documentation of symptoms (example: fever, elevated white blood cells, etc.) should not be considered infections unless documented as an infection or possible/suspected infection.</p> |   |  |
| <b>Suggested Data Sources:</b>             | Anesthesia record<br>History and physical<br>Progress notes   |   |  |

**Guidelines for Abstraction:**

| Inclusion   | Exclusion  |
|---|--|
| Abscess<br>Acute abdomen<br>Bloodstream infection<br>Bone infection<br>Cellulitis<br>Gangrene<br>Gross/extensive fecal contamination<br>H. pylori<br>Lung infiltrates<br>Necrotic/ischemic/infarcted bowel<br>Osteomyelitis<br>Other documented infection<br>Penetrating abdominal trauma<br>Pneumonia or other lung infection<br>Sepsis<br>Surgical site or wound infection<br>Urinary tract infection (UTI) | Colonized MRSA<br>History (Hx) of MRSA<br>Viral infections |

**Data Element Name:** *Intrapartum Antibiotics*

**Collected For:** MAT-1

**Definition:** Documentation that the patient received IV antibiotics in the intrapartum period.

**Suggested Data Collection Question:** Were IV antibiotics given to the mother intrapartum?

**Format:**                      **Length:**            1  
                                       **Type:**             Alpha  
                                       **Occurs:**          1

**Allowable Values:**        Y (Yes)            There is documentation that the patient received IV antibiotics in the intrapartum period.

                                      N (No)            There is no documentation that the patient received IV antibiotics in the intrapartum period.

**Notes for Abstraction:**    Intrapartum is defined as during labor and delivery or childbirth

**Suggested Data Sources:**    Delivery note  
     Discharge summary  
     Medication administration record (MAR)  
     Physician notes  
     Physician orders

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Intrapartum Temp*

**Collected For:** MAT-1

**Definition:** Mother's intrapartum temperature  $\geq 100.4$  ( $\geq 38.0$  C)

**Suggested Data Collection Question:** Did the mother have an intrapartum temperature of  $\geq 100.4$  ( $\geq 38.0$  C)?

|                |                |       |
|----------------|----------------|-------|
| <b>Format:</b> | <b>Length:</b> | 1     |
|                | <b>Type:</b>   | Alpha |
|                | <b>Occurs:</b> | 1     |

|                          |         |  |
|--------------------------|---------|--|
| <b>Allowable Values:</b> | Y (Yes) | The mother's intrapartum temperature was $\geq 100.4$ ( $\geq 38.0$ C)     |
|                          | N (No)  | The mother's intrapartum temperature was not $\geq 100.4$ ( $\geq 38.0$ C) |

**Notes for Abstraction:** Intrapartum is defined as during labor and delivery or childbirth

**Suggested Data Sources:** History and physical  
Physician notes  
Nursing notes

### Guidelines for Abstraction:

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *IV Antibiotic for Cesarean Section Prophylaxis*

**Collected For:** MAT-2

**Definition:** Documentation that the patient received an IV antibiotic for Cesarean Section prophylaxis.

**Suggested Data Collection Question:** Did the patient receive an IV antibiotic for Cesarean Section prophylaxis?

**Format:**                      **Length:**            1  
    **Type:**             Alpha  
    **Occurs:**           1

**Allowable Values:**        Y (Yes)            There is documentation that the patient received an IV antibiotic for Cesarean Section prophylaxis.

   N (No)            There is no documentation that the patient received an IV antibiotic for Cesarean Section prophylaxis.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Anesthesia record  
    IV flowsheet  
    Medication administration record (MAR)  
    Nursing notes  
    Operating room record

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |



**Data Element Name:** *Last Name*

**Collected For:** All MassHealth Records

**Definition:** The patient's last name.

**Suggested Data Collection Question:** Last Name

**Format:**                      **Length:**        60  
    **Type:**            Alphanumeric  
    **Occurs:**        1

**Allowable Values:**        Enter the patient's last name.

**Notes for Abstraction:**    None

**Suggested Data Sources:**   Emergency department record  
       Face sheet  
       History and physical

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Live Newborn*

**Collected For:** MAT-1

**Definition:** Documentation that the baby delivered was born alive

**Suggested Data Collection Question:** Did the mother deliver a live newborn?

**Format:**                      **Length:**        1  
                                       **Type:**           Alpha  
                                       **Occurs:**        1

**Allowable Values:**        Y (Yes)            There is documentation that the baby delivered was born alive.

                                      N (No)            There is documentation that the baby delivered was not born alive.

**Notes for Abstraction:**    Deliveries resulting in stillbirths are excluded. These may be identified by ICD-9-CM principal and secondary diagnosis codes (in any position) of V27.1, V27.3, V27.4, V27.6, or V27.7

**Suggested Data Sources:**    Birth certificate  
     Delivery note  
     Discharge summary  
     Nurses notes  
     Physician progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *MAT-1 Measure Eligibility*

**Collected For:** MAT-1

**Definition:** Documentation that the medical record is eligible for the MAT-1 measure.

**Suggested Data Collection Question:** Was there a maternity delivery ICD-9-CM diagnosis code selected for this record?

**Format:**  
**Length:** 1  
**Type:** Alpha  
**Occurs:** 1

**Allowable Values:**

|         |  |
|---------|--|
| Y (Yes) | There is a maternity delivery ICD-9-CM diagnosis code selected for this record.  |
| N (No)  | There is no maternity delivery ICD-9-CM diagnosis code selected for this record. |

**Notes for Abstraction:** None

**Suggested Data Sources:** Discharge summary  
Nursing notes  
Physician notes

**Guidelines for Abstraction:**

| Inclusion   | Exclusion |
|---|-----------|
| Refer to Appendix A, Tables 4.01 through 4.04 in the Specifications Manual for National Hospital Quality Measures for a list of valid ICD-9-CM codes. | None      |

**Data Element Name:** *MAT-2 Measure Eligibility*

**Collected For:** MAT-2

**Definition:** Documentation that the medical record is eligible for the MAT-2 measure.

**Suggested Data Collection Question:** Was there a Cesarean Delivery ICD-9-CM procedure code selected for this record?

**Format:**                      **Length:**            1  
                                       **Type:**             Alpha  
                                       **Occurs:**          1

**Allowable Values:**      Y (Yes)            There is a Cesarean Delivery ICD-9-CM procedure code selected for this record.

                                      N (No)            There is no Cesarean Delivery ICD-9-CM procedure code selected for this record.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Discharge summary  
     Nursing notes  
     Physician notes

**Guidelines for Abstraction:**

| Inclusion  | Exclusion |
|--|-----------|
| ICD-9-CM Procedure codes:<br>74.0<br>74.1<br>74.2<br>74.4<br>74.99 | None      |

|  |  |  |  |
|--|--|--|--|
| <b>Data Element Name:</b>                  | <i>Maternal Allergies</i>  |  |  |
| <b>Collected For:</b>                      | MAT-1, MAT-2   |  |  |
| <b>Definition:</b>                         | Documentation that the patient has an allergy, sensitivity, or intolerance to penicillin, beta lactams, cephalosporins, or aminoglycosides. An allergy can be defined as an acquired, abnormal immune response to a substance (allergen) that does not normally cause a reaction.  |  |  |
| <b>Suggested Data Collection Question:</b> | Did the patient have any allergies, sensitivities, or intolerance to beta-lactam/penicillin antibiotics, cephalosporin medications or aminoglycosides?   |  |  |
| <b>Format:</b>                             | <b>Length:</b>   | 1  |  |
|  | <b>Type:</b>   | Alpha  |  |
|  | <b>Occurs:</b>   | 1  |  |
| <b>Allowable Values:</b>                   | Y (Yes)  | Documentation that the patient has an antibiotic allergy to beta-lactam, penicillin, cephalosporins, or aminoglycosides (e.g., either history or current finding). |  |
|  | N (No)   | No documentation that the patient had an allergy to beta-lactam, penicillin, or cephalosporins or unable to determine from medical record documentation.           |  |
| <b>Notes for Abstraction:</b>              | <p>If the patient was noted to be allergic to “cillins,” “penicillin,” or “all cillins,” select “Yes.”</p> <p>If one source in the record documents “Allergies: penicillin” and another source in the record documents “penicillin causes upset stomach,” select “Yes.”</p> <p>If a physician/advanced practice nurse/physician assistant (physician/APN/PA) documents a specific reason not to give penicillin, beta-lactams, cephalosporins, or aminoglycosides, select “Yes.”</p> |  |  |
| <b>Suggested Data Sources:</b>             | Consultation notes<br>History and physical<br>Medication administration record<br>Nursing admission assessment<br>Nursing notes<br>Physician orders<br>Progress notes  |  |  |

**Guidelines for Abstraction:**

| <b>Inclusion</b>   | <b>Exclusion</b> |
|--|------------------|
| <p>Symptoms include:<br/> Adverse effect<br/> Adverse reaction<br/> Anaphylaxis<br/> Anaphylactic reaction<br/> Hives<br/> Rash</p> <p>Refer to Appendix C, Table 4.0, Antibiotic Allergy Table.</p> | <p>None</p>      |

**Data Element Name:** *Maternal Delivery Diagnosis Code*

**Collected For:** MAT-1

**Definition:** The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis code associated with maternal delivery that makes this record eligible for the MAT-1 measure.

**Suggested Data Collection Question:** What is the maternity delivery ICD-9-CM diagnosis code selected for this record?

**Format:**                      **Length:**        6 (implied decimal point)  
                                       **Type:**            Alphanumeric  
                                       **Occurs:**        1

**Allowable Values:** Any valid ICD-9-CM diagnosis code in Tables 4.01 through 4.04 in Appendix A of the Specifications Manual for National Hospital Quality Measures.

**Notes for Abstraction:** None

**Suggested Data Sources:** Discharge summary

**Guidelines for Abstraction:**

| Inclusion   | Exclusion |
|---|-----------|
| Refer to Appendix A, Tables 4.01 through 4.04 in the Specifications Manual for National Hospital Quality Measures for a list of valid ICD-9-CM codes. | None      |

**Data Element Name:** *Maternal Delivery Procedure Code*

**Collected For:** MAT-2

**Definition:** The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure code associated with Cesarean section.

**Suggested Data Collection Question:** What is the Cesarean Delivery ICD-9-CM procedure code selected for this record?

**Format:**                      **Length:**        5 (implied decimal point)  
                                       **Type:**            Alphanumeric  
                                       **Occurs:**        1

**Allowable Values:** Any valid ICD-9-CM procedure code listed on Inclusion list below.

**Notes for Abstraction:** None

**Suggested Data Sources:** Discharge summary

**Guidelines for Abstraction:**

| Inclusion  | Exclusion |
|--|-----------|
| ICD-9-CM Procedure codes:<br>74.0<br>74.1<br>74.2<br>74.4<br>74.99 | None      |



**Data Element Name:** *“Other” Antibiotic Documented for Prophylaxis*

**Collected For:** MAT-1 and MAT-2

**Definition:** Documentation that “other” IV antibiotic was being used for prophylaxis

**Suggested Data Collection Question:** Was “other” antibiotic specifically documented as being used for prophylaxis?

**Format:**

**Length:** 1

**Type:** Alpha

**Occurs:** 1

**Allowable Values:**

|         |  |
|---------|--|
| Y (Yes) | “Other” IV antibiotic is specifically documented as being used for prophylaxis     |
| N (No)  | “Other” IV antibiotic is not specifically documented as being used for prophylaxis |

**Notes for Abstraction:** None

**Suggested Data Sources:** History and physical  
Physician notes  
Nursing notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Other IV Antibiotics (MAT-1)*

**Collected For:** MAT-1

**Definition:** Documentation that the patient received an IV antibiotic other than Penicillin, Ampicillin, Cefazolin, Clindamycin, Erythromycin, or Vancomycin.

**Suggested Data**

**Collection Question:** Was “Other” antibiotic selected?

**Format:** **Length:** 1  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:**

|         |  |
|---------|--|
| Y (Yes) | There is documentation that the patient received an IV antibiotic other than Penicillin, Ampicillin, Cefazolin, Clindamycin, Erythromycin, or Vancomycin.    |
| N (No)  | There is no documentation that the patient received an IV antibiotic other than Penicillin, Ampicillin, Cefazolin, Clindamycin, Erythromycin, or Vancomycin. |

**Notes for Abstraction:** None

**Suggested Data Sources:** Discharge summary  
Medication administration record (MAR)  
Nurses notes  
Physician notes  
Physician orders

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Other IV Antibiotics – MAT-2*

**Collected For:** MAT-2

**Definition:** Documentation that the patient received an IV antibiotic other than Ampicillin, Cefazolin or Gentamycin

**Suggested Data Collection Question:** Was “Other” antibiotic selected?

**Format:**                      **Length:**            1  
    **Type:**             Alphanumeric  
    **Occurs:**           1

**Allowable Values:**        Y (Yes)            There is documentation that the patient received an IV antibiotic other than Ampicillin, Cefazolin, or Gentamycin.

   N (No)            There is no documentation that the patient received an IV antibiotic other than Ampicillin, Cefazolin or Gentamycin

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Discharge summary  
    Medication administration record (MAR)  
    Nurses notes  
    Physician notes  
    Physician orders

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Other Surgeries*

**Collected For:** MAT-2

**Definition:** Other procedures requiring general or spinal/epidural anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay.

**Suggested Data Collection Question:** Were there any other procedures requiring general or spinal anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay?

**Format:**

|                |       |
|----------------|-------|
| <b>Length:</b> | 1     |
| <b>Type:</b>   | Alpha |
| <b>Occurs:</b> | 1     |

**Allowable Values:**

|         |  |
|---------|--|
| Y (Yes) | There is documentation of another procedure requiring general or spinal/epidural anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay.   |
| N (No)  | There is no documentation of any other procedure requiring general or spinal/epidural anesthesia that occurred within three days prior to or after the principal procedure during this hospital stay or unable to determine from medical record documentation. |

**Notes for Abstraction:** The following are two scenarios that must be clarified:

- If multiple procedures are performed during the **same surgical episode**, select “No.”
- If other procedures are performed during **separate surgical episodes** requiring general or spinal/epidural anesthesia and occur within three days of the principal procedure during this hospital stay, select “Yes.”

**Suggested Data Sources:**

- Admitting physician orders
- Admitting progress notes
- Consultation notes
- Discharge summary
- Emergency department record
- History and physical
- Nursing notes
- Operative notes/reports
- Physician admission notes
- Physician progress notes
- Transfer forms

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Planned Cesarean Delivery*

**Collected For:** MAT-1

**Definition:** Documentation that a cesarean delivery was planned for this patient in the absence of labor or membrane rupture.

**Suggested Data Collection Question:** Was a planned Cesarean Delivery performed in the absence of labor or membrane rupture?

**Format:**  
**Length:** 1  
**Type:** Alpha  
**Occurs:** 1

**Allowable Values:**

|         |  |
|---------|--|
| Y (Yes) | There is documentation that a planned Cesarean Delivery was performed for this patient in the absence of labor or membrane rupture.    |
| N (No)  | There is no documentation that a planned Cesarean Delivery was performed for this patient in the absence of labor or membrane rupture. |

**Notes for Abstraction:** None

**Suggested Data Sources:** Delivery note  
Discharge summary  
History and physical  
Pre-natal records  
Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Postal Code*

**Collected For:** All MassHealth Records

**Definition:** The postal code of the patient's residence. For the United States zip codes the hyphen is implied. If the patient is determined to not have a permanent residence, then the patient is considered homeless.

**Suggested Data Collection Question:** What is the postal code of the patient's residence?

**Format:**  
**Length:** 9  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:** Any valid five or nine digit postal code or "HOMELESS" if the patient is determined not to have a permanent residence. If the patient is not a resident of the United States, use "Non-US."

**Notes for Abstraction:** If the postal code of the patient is unable to be determined from medical record documentation, enter the provider's postal code.

**Suggested Data Sources:** Face sheet

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Pre-natal Antibiotics for Infection (Non-GBS)*

**Collected For:** MAT-1

**Definition:** Documentation that the patient received antibiotics for a pre-natal infection other than GBS

**Suggested Data Collection Question:** Did the patient have a prenatal infection (not GBS) and receive an antibiotic?

**Format:**                      **Length:**            1  
                                       **Type:**             Alpha  
                                       **Occurs:**          1

**Allowable Values:**        Y (Yes)            Documentation that the patient had a prenatal infection (not GBS) and received an antibiotic.

                                      N (No)            There is no documentation that the patient had a prenatal infection (not GBS) and received an antibiotic.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Discharge summary  
     History and physical  
     Prenatal records  
     Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |



**Data Element Name:** *Previous Infant with Invasive GBS*

**Collected For:** MAT-1

**Definition:** Documentation that the mother delivered a previous infant with invasive GBS disease.

**Suggested Data Collection Question:** Previous infant with invasive GBS disease?

**Format:**                      **Length:**            1  
    **Type:**             Alpha  
    **Occurs:**           1

**Allowable Values:**      Y (Yes)            There is documentation that the mother delivered a previous newborn with invasive GBS disease.

   N (No)            There is no documentation that the mother delivered a previous newborn with invasive GBS disease, or unable to determine from medical record documentation.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Delivery note  
    History and physical  
    Prenatal record  
    Physician progress note

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Provider ID*

**Collected For:** All MassHealth Records

**Definition:** The provider's six digit acute care Medicaid provider identifier.

**Suggested Data  
Collection Question:** Provider ID

**Format:**                      **Length:**        6  
                                      **Type:**        Alphanumeric  
                                      **Occurs:**      1

**Allowable Values:** Any valid six-digit Medicaid provider ID.

**Notes for Abstraction:** None

**Suggested Data Sources:** None

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Provider Name*

**Collected For:** All MassHealth Records

**Definition:** The provider name.

**Suggested Data Collection Question:** Provider name

**Format:**                      **Length:**        60  
    **Type:**            Alphanumeric  
    **Occurs:**        1

**Allowable Values:**        Provider name.

**Notes for Abstraction:**    The provider name is the name of the hospital.

**Suggested Data Sources:**    Face sheet

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *RID Number*

**Collected For:** All MassHealth Records

**Definition:** The patient's MassHealth Recipient ID number.

**Suggested Data Collection Question:** What is the patient's MassHealth Recipient ID number?

**Format:**

|                |              |
|----------------|--------------|
| <b>Length:</b> | 10           |
| <b>Type:</b>   | Alphanumeric |
| <b>Occurs:</b> | 1            |

**Allowable Values:** Any valid Recipient Identification Number (RID) number  
Alpha characters must be upper case  
No embedded dashes or spaces or special characters

**Notes for Abstraction:** The abstractor should **not** assume that the claim information for the patient's RID number is correct. If the abstractor determines through chart review that the RID number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct RID number through chart review, she/he should default to the admission date on the claim information.

**Suggested Data Sources:** Emergency department record  
Face sheet

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Sample*

**Collected For:** All MassHealth Records

**Definition:** Indicates if the data being transmitted for a hospital has been sampled, or represent an entire population for the specified time period.

**Suggested Data Collection Question:** Does this case represent part of a sample?

**Format:**                      **Length:**            1  
    **Type:**             Alpha  
    **Occurs:**           1

**Allowable Values:**        Y (Yes)            This data represents part of a sample.

   N (No)            The data is not part of a sample; this indicates the hospital is performing 100 percent of the discharges eligible for this topic.

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Not Applicable

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Sex*

**Collected For:** All MassHealth Records

**Definition:** The patient's sex.

**Suggested Data Collection Question:** Sex

**Format:**                      **Length:**        1  
    **Type:**           Alpha  
    **Occurs:**        1

**Allowable Values:**        M =    Male  
    F =    Female  
    U =    Unknown

**Notes for Abstraction:**    None

**Suggested Data Sources:**    Consultation notes  
    Emergency department record  
    Face sheet  
    History and physical  
    Nursing admission notes  
    Progress notes

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |

**Data Element Name:** *Social Security Number*

**Collected For:** All MassHealth Records

**Definition:** Social Security Number (SSN) assigned to the patient.

**Suggested Data Collection Question:** What is the patient's Social Security Number?

**Format:**

**Length:** 9 (no dashes)  
**Type:** Alphanumeric  
**Occurs:** 1

**Allowable Values:** Any valid SSN number  
 Alpha characters must be upper case  
 No embedded dashes or spaces or special characters

**Notes for Abstraction:** The abstractor should **not** assume that the claim information for the social security number is correct. If the abstractor determines through chart review that the social security number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct social security number through chart review, she/he should default to the social security on the claim information.

**Suggested Data Sources:** Emergency department record  
 Face sheet  
 Registration form

**Guidelines for Abstraction:**

| Inclusion | Exclusion |
|-----------|-----------|
| None      | None      |